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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Pamela J. Barker Docket No.:
Serial No.: 10/806,059 Group Art Unit: 3765
Filed: March 22, 2004 Examiner: Andrew W. Sutton
For: **PROTECTIVE HAND GUARD**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

I. ENCLOSURES

Transmitted herewith are the following documents for the above-referenced application:

- ☒ 4 Page Amendment; and
☐ Postcard for date-stamped return as confirmation of receipt of these materials.

II. STATUS

- ☒ Applicant claims small entity status under 37 CFR 1.27.

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input checked="" type="checkbox"/>	one month	\$ 120.00	\$60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$1,020.00	\$510.00

Fee \$60.00

- ☒ If an additional extension of time is required please consider this a petition therefor.
☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on April 28, 2005, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: April 28, 2005

Pamela J. Barker

IV. FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total *	15	Minus *0*	19	0	x25=	\$0		x50=	\$0
Indep. *	2	Minus *0*	3	0	x100=	\$0		x200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180=	\$0		x360=	\$0
					TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0


- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.00.

V. FEE PAYMENT

- ☒ Check No. 07716976863 is enclosed in the amount of \$60.00 for a one month extension of time.

Respectfully submitted,

Date: April 26, 2005


Pamela J. Barker

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